

Personal Care Services

Definition: Personal Care Services are defined as assistance, either hands-on (actually performing a personal care task for a person) or cueing so that the person performs the task by him/herself, in the performance of Instrumental Activities of Daily Living (IADLs) and/or Activities of Daily Living (ADLs). ADLs include eating, bathing, dressing, toileting, transferring, personal hygiene, and maintaining continence. IADLs capture more complex life activities and include light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, to include informing a client that it is time to take medication as prescribed by his/her physician or handing a client a medication container, and money management to consist of delivery of payment to a designated recipient on behalf of the client. Personal Care services can be provided on a continuing basis or on episodic occasions. Skilled services that may be performed only by a health professional are not considered personal care services.

Authorizations to providers will be made at two different payment levels. The higher level will be called Personal Care II and will be used when the majority of care is related to activities of daily living (e.g. hands-on care to include bathing, dressing, toileting, etc.). This service may also include monitoring temperature, checking pulse rate, observing respiratory rate, and checking blood pressure. The lower level, Personal Care I, will be authorized when all of the needed care is for instrumental activities of daily living (e.g. hands off tasks such as laundry, meal preparation, shopping, etc.). Both services allow the provider to accompany the individual on visits in the community when the visits are related to the needs of the individual, specified in the plan of care, and related to needs for food, personal hygiene, household supplies, pharmacy or durable medical equipment. You have the responsibility to identify the necessity of the trip, document the plan of care, authorize this component of the service, and monitor the provision of the services.

Note: Personal Care Services cannot be rendered in a school setting.

Note: Personal Care Services may only be provided in lieu of In-Home Supports

Note: In-Home Support should also be discussed as an option to Personal Care when identified needs can be met by either service.

Relatives/family members of a waiver recipient may be paid to provide Personal Care Services when the relative is not a legally responsible relative/family member and he/she meets all South Carolina Medicaid provider qualifications. Please see **Department Directive 736-01** entitled “**Relatives/Family Members Serving As Paid Caregivers of Certain Medicaid Waiver Services**” for specific information.

The following relatives/family members will not be paid for providing Personal Care Services:

- The spouse of the Waiver recipient;
- A parent of a minor Waiver recipient;
- A legally responsible foster parent of a minor Waiver recipient;
- A legally responsible guardian of a minor Waiver recipient;
- A court appointed guardian of an adult Waiver recipient.
- Step-parent of a minor Medicaid recipient.

The following relatives/family members may be paid for providing Personal Care Services when all South Carolina Medicaid provider qualifications are met.

- A parent of an **adult** Medicaid recipient
- A non-legally responsible relative/family member of a minor or adult Medicaid recipient

Relatives/family members who are a primary caregiver of the recipient will not be paid for **all** of the care they provide. The amount to be paid will be based on the recipient’s needs as determined by SCDDSN. SCDDSN

relies on the informal supports provided by family members to individuals. Only the needs of the recipient will be considered. Services of specific benefit to the recipient will be considered for authorization. Services that benefit the entire household will not be considered.

A by-product of the provision of Personal Care services by someone outside of the recipient's home is that it affords the primary caregiver some relief from the responsibilities of care giving. **Family members who are a primary caregiver and who opt to be paid for a portion of the care/service they provide, will not also be authorized to receive additional respite services.**

Payment to non-legally responsible family members (brother, sister, step parent, grand parent etc.) living in the same household as the Waiver recipient is allowed.

Personal Care Companies or agencies, including DSN Boards, are under no obligation to hire relatives/family members to provide services.

When a relative/family member wishes to be paid for providing Personal Care I or Personal Care II Services, you should refer the relative/family member to:

- any company or agency directly enrolled as a provider with the South Carolina Department of Health and Human Services

Note: Aides who provide Personal Care II services must do so under the supervision of a nurse.

Note: Service Coordinators are expected to monitor the services with the same frequency as would be required if provided by a non-relative caregiver.

Providers: Personal Care Services are to be provided to recipients by an agency enrolled with the Department of Health and Human Services. Agencies enrolled with the Department of Health and Human Services must adhere to the requirements noted in the Scopes of Services for Personal Care Services (I and II) for the Community Supports Waiver (attached). The Scopes of Service specify the minimum qualifications for a Personal Care Aide I and II.

Arranging for the Services: In order to determine the amount of Personal Care Services needed, you must complete the **Personal Care Needs Assessment (Community Supports Form PC-34)** with the consumer/legal guardian. The need for the service must be clearly outlined in the recipient's plan/Waiver Services Summary Page to include the amount, frequency and duration.

The recipient/family should be given a listing of available providers from which to choose. **The offering of this provider choice must be documented.**

When entering the budget request for Personal Care Services (I or II) on the Waiver Tracking system (PC I – S29 or PC II – S10), please note that for individuals needing 25 hours/100 units or less per week of Personal Care, services may be approved at the local level and authorized. For anyone requiring more than 25 hours/100 units per week, you must submit the **Personal Care Needs Assessment (Community Supports Form PC-34)** to their respective District Waiver Coordinator for review and approval. See Chapter 6 for contact information for your District Waiver Coordinator.

For children under the age of 21, the State Plan covers ALL Personal Care Services. If a Medicaid recipient under the age of 21 is also enrolled in the Community Supports Waiver, you assess the need and authorize those State Plan Services. After determining and documenting the need, use the Community Supports Form PC-3 to authorize the service. Units of service are not entered on the participants Community Supports Waiver budget, however, the entire amount of units to be provided is included on

the **Authorization for Services Form (Community Supports Form PC-3)** and indicated in the participants plan. Once the recipient reaches the age of 21, units must then be added to the **Community Supports Waiver budget**.

Agency Services: Once the service is approved, an authorization (**Community Supports Form PC-3**) is completed and forwarded to the chosen agency. If the consumer is under the age of twenty-one (21), a Physician's Order must accompany the referral and be include in the consumer's file. **Community Supports Form PC-15** may be used for this purpose. On the **Community Supports Form PC-3** you must indicate either Personal Care Services I (PC I) or Personal Care Services II (PC II) and include the personal care activities that are requested. These activities must correspond to the assessment (see notes on the assessment).

Upon receipt of the **Community Supports Form PC-3**, the agency is authorized to provide the services. This authorization remains in effect until a new/revised **Community Supports PC-3** is sent or until services are terminated (see Chapter 8).

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service (refer to Chapter 9 "Monitorship of Community Supports Waiver Services"). Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following schedule should be followed when monitoring Personal Care Services (I and II).

- Must complete on-site monitorship during the first month while the service is being provided unless a Supervisor makes an exception. An exception is defined in the following circumstances:
 - the service is **only provided** in the early morning hours (prior to 7:00 a.m.)
 - the service is **only provided** in late evening hours (after 9:00 p.m.)
 - The exception and approval by the Supervisor must be documented. **NO** other exceptions will be allowed.
- At least once during the second month of service
- At least quarterly thereafter
- Start over with each new provider
- Yearly on-site monitorship required.

This monitoring will be considered complete when **one or more** of the following has been conducted:

- Review of documentation of services provided for the purpose of assessing the effectiveness, frequency, duration, benefits, and usefulness of the service (i.e. review of progress notes submitted by a psychologist providing psychological services)
- Conversation/discussion with the recipient, recipient's family/caregiver, or Day staff member for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.
- Conversation with the service provider about the effectiveness, frequency, duration, benefits, and usefulness of the service.
- On-site observation of the service being rendered for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.

In addition, you should review the daily logs completed by the aides during an on-site visit. Monitorship of the individual's health status should always be completed as a part of Personal Care monitorship.

Some items to consider during monitorship include:

- Is the individual receiving Personal Care services as authorized?
- Does the PCA show up on time and stay the scheduled amount of time?
- If the PCA does not show up for a scheduled visit, who is providing back-up services?
- What kinds of tasks is the PCA performing for the individual? Does the service need to continue at the level that it has been authorized?
- Has the individual's health status changed since your last monitorship? If so, is the current level of Personal Care appropriate?
- Is the individual satisfied with the provider of services? Does the provider show the individual courtesy and respect when providing the individual's care?
- Who is providing supervision of the PCA? How often is on-site supervision taking place?

Reduction, Suspension, or Termination of Services: If services need to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian. Include the details regarding the change(s) in service and the Reconsideration and Appeal Information. You must wait ten (10) calendar days before proceeding with the reduction, suspension or termination of the service. See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

Community Supports Waiver

Personal Care Needs Assessment

CSW Waiver Recipient: _____

Social Security Number: _____

Age: _____ Service Requested ☐ PC I ☐ PC II ☐ Attendant Care

I. Personal Care Needs

Bath: Bed ☐ Shower/Tub ☐ Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Shaving: Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Oral Hygiene: Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Skin Care: Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Dressing and Grooming: Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Incontinence Care: Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Toileting: Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Positioning and Turning in Bed: Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Medication Monitoring: Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Other Medical Monitoring: _____ Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

_____ Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Exercise Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Ambulation/Escort Services: Distance _____ Frequency and Time Required _____

Transfers:

Hoyer ☐ Sliding Board ☐ Lift System ☐ Other _____

Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

Other Personal Care Needs:

_____ Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

_____ Partial Assist ☐ Total Assist ☐ Frequency and Time Required _____

II. Meal and Dining Needs

Preparation and Set-Up

Partial Assist ☐ Total Assist ☐

Frequency: and Time Required Breakfast _____ Lunch _____ Dinner _____

Feeding

Partial Assist ☐ Total Assist ☐

Frequency: and Time Required Breakfast _____ Lunch _____ Dinner _____

Clean Up

Partial Assist ☐ Total Assist ☐

Frequency: and Time Required Breakfast _____ Lunch _____ Dinner _____

III. General Housekeeping Needs (not appropriate for children under the age of twelve)

Vacuuming Recipient's Room/Area: Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

Sweeping Recipient's Room/Area: Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

Dusting Recipient's Room/Area: Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

Mopping Recipient's Room/Area: Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

Cleaning Recipient's Bathroom: Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

Cleaning Recipient's Bedroom: Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

Recipient's Laundry: Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

IV. Other Needs:

Shopping Assistance*: Errands Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

Escort Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

***not appropriate for recipient's under age eighteen**

Assistance with Communication: Daily ☐ Weekly ☐ Monthly ☐ Time Required _____

V. Requested Schedule for Personal Care Services:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total Units Needed Daily: _____

Total Units Needed Weekly: _____

Total Units of Personal Care I/Personal Care II recommended _____ per day/week/month
(circle one) (circle one)

Include justification for or against recommended amount of Personal Care I or II _____

Signature of Person Completing Assessment

Title

Date

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
COMMUNITY SUPPORTS WAIVER**

**AUTHORIZATION FOR SERVICES
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

TO: _____

RE: _____

Recipient's Name

/

Date of Birth

Address

Phone Number

Medicaid # / / / / / / / / / / / /

Social Security # / / / / / / / / / / / /

You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # **C S** / / / / / /

Personal Care Services

_____ **Personal Care I (PC I) S5130**

_____ **Personal Care II (PC II) T1019**

Number of Units Per Week to be Provided: _____ (one unit = 15 minutes)

Start Date: _____

Service Tasks Requested:

- ☐ Assistance with personal care activities such as bathing, dressing, toileting, brushing teeth, grooming, shampooing hair, caring for skin, etc.
- ☐ Assistance with meals such as feeding, shopping for food, preparing/cooking meals, post-meal cleanup, etc.
- ☐ Assistance with home care/light housekeeping tasks such as sweeping, light laundry, bed making, changing bed linens, etc.
- ☐ Monitoring conditions such as temperature, checking pulse rate, observation of respiratory rate, checking blood pressure, monitoring medications, etc.
- ☐ Assistance with exercise, ambulation, positioning, etc.
- ☐ Transportation and/or escort services

Please note: Physician's order must be attached for individuals under age 21. Community Supports Form PC-15 may be used.

Service coordinator/early interventionist:

Name / Address / Phone # (Please Print):

Signature of Person Authorizing Services

Date

S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

COMMUNITY SUPPORTS WAIVER

**PHYSICIAN'S ORDER
FOR
PERSONAL CARE SERVICES**

Participant's Name:

Date of Birth:

SSN:

I hereby order Personal Care Services to be rendered to the above named participant.

Physician's Name

Address

Phone #

Physician's Signature

MEDICAID HOME AND COMMUNITY-BASED WAIVER
SCOPE OF SERVICES
FOR
PERSONAL CARE I (PC I) SERVICES

A. Objectives

The objectives of PC I Services are to preserve a safe and sanitary home environment, assist participants with home care management duties and to provide needed supervision of Medicaid home and community-based waiver participants.

B. Conditions of Participation

1. Agencies desiring to be a provider of PC I services must have demonstrated experience in providing PC I or a similar service.
2. Agencies of PC I services must agree to participate in all components of the Care Call monitoring and payment system.

C. Description of Services To Be Provided

1. The Unit of Service is one (1) hour of direct services provided in the participant's residence (except when shopping, laundry services, etc. must be done off-site or escort services are provided). The amount of time authorized does not include the aide's transportation time to and from the participant.
2. The Provider shall annually between September 1 – September 30 provide to CLTC a list of regularly scheduled holidays, and the Provider shall not be required to furnish services on those days. The PC I Provider agency must not be closed for more than two (2) consecutive days at a time, except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, a PC I Provider agency may be closed for not more than four (4) consecutive days.
3. The number of units and services provided to each participant are dependent upon the individual participant's needs as set forth in the participant's Service Plan/Authorization.
4. Under no circumstances will any type of skilled medical service be performed. Services to be provided include:
 - a. meal planning and preparation
 - cleaning
 - laundry

shopping
home safety
errands
escort services

- b. Limited assistance with financial matters, such as delivering payments to designated recipients on behalf of participants. Receipts for payment should be returned to participant.
- c. Assistance with communication which includes, but is not limited to, placing phone within participant's reach and physically assisting participant with use of the phone, and orientation to daily events.
- d. Observing and reporting on participant's condition.

D. Staffing

The provider must maintain individual records for all employees.

The Provider must provide all of the following and may make sub-contractual arrangements for some but not all of the following:

- 1. A supervisor who meets the following requirements:
 - a. High school diploma or equivalent;
 - b. Capable of evaluating aides in terms of his/her ability to carry out assigned duties and his/her ability to relate to the participant;
 - c. Able to assume responsibility for in-service training for aides by individual instruction, group meetings, or workshops;
- 2. Aides who meet the following minimum qualifications:
 - a. Able to read, write and communicate effectively with participant and supervisor.
 - b. Able to use the Care Call IVR system.
 - c. Fully ambulatory;
 - d. Capable of following a care plan with minimal supervision.
 - e. Be at least 18 years of age.

- f. Have documented record of having completed six (6) hours of training in the areas indicated in Section D.2.g. aide training, prior to providing services or documentation of personal, volunteer or paid experience in the care of adults, families and/or the disabled, home management, household duties, preparation of food, and be able to communicate observations verbally and in writing;
- g. Have at least six (6) hours prorated, in-service training per calendar year in the following areas:
 1. Maintaining a safe, clean environment and utilizing proper infection control techniques;
 2. Following written instructions;
 3. Providing care including individual safety, laundry, meal planning, preparation and serving, and household management;
 4. First aid;
 5. Ethics and interpersonal relationships;
 6. Documenting services provided;
 7. Home support, e.g.,
 - cleaning
 - laundry
 - shopping
 - home safety
 - errands
 - observing and reporting the participant's condition
3. Agency staff may be related to participants served by the agency within limits allowed by the South Carolina Family Caregiver Policy. Copies of this policy are available upon request.
4. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all staff having direct participant contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered

as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years, is likely to represent the occurrence of infection with M. Tuberculosis in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared noncontagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared noncontagious.

Preventive treatment should be considered for all infected employees having direct participant contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201, phone (803) 898-0558.

5. A criminal background check will be required for all potential employees who will provide direct care to CLTC/DDSN participants. At a minimum, the criminal background check must include statewide data. Potential employees with felony convictions within the last ten (10) years cannot provide services to CLTC/DDSN participants. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to CLTC/DDSN participants under the following circumstances:
 - Notification of participant/responsible party of aide's criminal background
 - Documentation in the participant record signed by the participant/responsible party acknowledging awareness of the aide's criminal background and agreement to have the aide provide care. Hiring of employees with misdemeanor convictions will be at the discretion of the provider. Employees hired prior to July 1, 2007 will not be required to have a criminal background check.

E. Conduct of Service

The provider must maintain documentation showing that it has complied with the requirements of this section.

1. The Case Manager/Service Coordinator will authorize PC I services by designating the amount, frequency and duration of service for participants in accordance with the participant's CLTC Service Plan/DDSN Authorization which will have been developed in consultation with the participant and others involved in the participant's care. The CLTC Case Manager must update the Service Plan yearly and send to the provider. Case Managers/Service Coordinators will send new authorizations only when there is a change to the authorized service amount, frequency or duration. The Provider must adhere to those duties which are specified in the CLTC Service Plan/DDSN Authorization in developing the Provider task list. This provider task list must be developed by the supervisor. If the Provider identifies PC I duties that would be beneficial to the participant's care but are not specified in the CLTC Service Plan/DDSN Authorization, the Provider must contact the Case Manager/Service Coordinator to discuss the possibility of having these duties included in the CLTC Service Plan/DDSN Authorization. Under no circumstances will any type of skilled medical service be performed by an aide. The decision to modify the duties to be performed by the aide is the responsibility of the

Case Manager/Service Coordinator, and the CLTC Service Plan/DDSN Authorization must be amended accordingly. This documentation will be maintained in the participant folders.

2. The Case Manager/Service Coordinator will review a participant's CLTC Service Plan/DDSN Authorization within two (2) working days of receipt of the Provider's request to modify the services.
3. The Case Manager/Service Coordinator will notify the Provider immediately if services to a participant are to be terminated. However, the Provider should refer to the language in the Community Long Term Care Services Provider Manual on page 1-6 regarding the provider's responsibility in checking the participant's Medicaid eligibility status.
4. As part of the conduct of service, the supervisor of PC I services must:
 - a. Provide an initial visit prior to the start of PC I services for the purpose of reviewing CLTC plan of care, developing a task list for the aide, (this task list must be developed prior to the provision of PC I services), giving the participant written information regarding advanced directives and to inform participants of their right to complain about the quality of PC I services provided. The supervisor will give participants information about how to register a complaint. Complaints against aides will be assessed for appropriateness and investigated by the Provider. All complaints which are to be investigated will be referred to the Supervisor who will take any appropriate action.
 - b. Provide on-site supervision at least once every 365 days for each participant and phone and/or on-site contact with the participant at least once every 120 days. Supervisors will make phone contacts or conduct on-site supervision more frequently if warranted by complaints or suspicion of substandard performance by the aide.
 - c. Each supervisory visit will be documented in the participant's file and recorded in care call. The Supervisor's report of the on-site visits will include, at a minimum:
 1. Documentation that services are being delivered consistent with the Service Plan/Authorization;
 2. Documentation that the participant's needs are being met;
 3. Reference to any complaints which the participant or family member/responsible party has lodged; and,

4. A brief statement regarding any changes in the participant's service needs.
 5. Supervisor's original signature and date. Rubber signature stamps are not acceptable.
 6. Documentation of all supervisory visits must be filed in the participant's record within thirty (30) days of the date of the visit.
 - d. Supervisors will provide assistance to aides as necessary.
 - e. Supervisors will be immediately accessible by phone and/or beeper during any hours services are being provided under this contract. If the PC I supervisory position becomes vacant, DHHS must be notified no later than the next business day.
5. In addition, the Provider must maintain an individual participant record that documents the following items:
- a. The Provider will initiate PC I services on the date negotiated with the Case Manager/Service Coordinator and indicated on the Medicaid home and community-based waiver authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Service Provision Form/Authorization.
 - b. The Provider will notify the Case Manager/Service Coordinator within two (2) working days of the following participant changes:
 1. Participant's condition has changed and the Service Plan/Authorization no longer meets participant's needs or the participant no longer appears to need PC I services.
 2. Participant dies, is institutionalized or moves out of the service area.
 3. Participant no longer wishes to participate in a program of PC I services.
 4. Knowledge of the participant's Medicaid ineligibility or potential ineligibility.
 - c. The provider will maintain a record keeping system which documents:

1. For CLTC participants: The delivery of services in accordance with the CLTC Service Plan. The provider shall not ask the participant/responsible person to sign any log or task sheet. Task sheets must be reviewed, signed, with original signature (rubber signature stamps are not acceptable), and dated, every two (2) weeks by the supervisor. Task sheets must be filed in the participants record within thirty (30) days of service delivery.
 2. For DDSN MR/RD participants: The delivery of services and units provided in accordance with the service authorization. The provider will maintain daily logs reflecting the PCI services provided by the aides for the participants and the actual amount of time expended for the service. The daily logs must be initialed daily by the participant/family member and the aide, and must be signed weekly by the participant/family member and signed, with original signature (rubber signature stamps are not acceptable), and dated by the Supervisor at least once every two weeks. Daily logs must be filed in the participants record within thirty (30) days of service delivery.
- d. For CLTC participants only: For all instances in which a participant did not receive an authorized daily service, providers must indicate on the Care Call Web site the reason why the service was not delivered. The provider must do this both when the provider was unable to complete the visit and when the participant was not available to receive the visit. For each week in which there are missed visits, the provider must indicate the reason on the web site by the close of business the following week. A missed visit report is not required for DDSN participants.
 - e. Whenever two consecutive attempted visits occur, the local CLTC/DDSN office must be notified. An attempted visit is when the aide arrives at the home and is unable to provide the assigned tasks because the participant is not at home or refuses services.

E. Administrative Requirements

1. The Provider shall designate an individual to serve as the administrator for services who shall employ qualified personnel and ensure adequate staff education, in-service training, and employee evaluations. This does not have to be a full-time position, however, the designated administrator will have the authority and responsibility for the direction of services for the provider Agency. The Provider shall notify the Department of Health and

Human Services (DHHS) within three (3) working days in the event of a change in the administrator, address, telephone number, or of an extended absence of the agency administrator.

2. The organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on participant care level staff shall be set forth in writing. This shall be readily accessible to all staff and shall include an organizational chart that includes names. A copy of this shall be forwarded to SCDHHS at the time the contract is implemented. Any future revisions or modifications shall be distributed to all staff of the Provider agency and to SCDHHS.
3. The Provider must have written bylaws or equivalent which are defined as "a set of rules adopted by the Provider organization for governing the organization's operations." Such bylaws shall be available to staff of the Provider and the DHHS upon request.
4. Administrative and supervisory functions shall not be delegated to another organization.
5. A governing body or designated persons shall assume full legal authority for the operation of the Provider. A listing of the members of the governing body shall be available to the DHHS upon request.
6. An annual operating budget, including all anticipated revenue and expenses related to items which would under generally accepted accounting principles be considered revenue and expense items, must be submitted to SCDHHS prior to the signing of the initial contract with SCDHHS. The Provider agency must maintain an annual operating budget which shall be made available to SCDHHS upon request.
7. The Provider shall acquire and maintain liability insurance and worker's compensation insurance during the life of this contract to protect all paid and volunteer staff, including board members, from liability and/or injury incurred while acting on behalf of the Provider. The Provider shall furnish annually between September 1 – September 30, copies of the current insurance policies to the DHHS.
8. The Provider will develop and maintain a State approved Policy and Procedure Manual which describes how activities will be performed in accordance with the terms of the contract and which includes the agency's emergency plan. (This emergency plan is specific to weather, fire, floods, etc.) The policy and procedure manual shall be available during office hours for the guidance of the governing body, personnel, and to the DHHS upon request.

9. The Provider shall conform to applicable federal, state, and local health and safety rules and regulations, and have an on-going program to prevent the spread of infectious diseases among its employees.
10. The Provider agency shall ensure that key agency staff, including the agency administrator or Supervisor, be accessible in person, by telephone, or by beeper during compliance review audits conducted by SCDHHS and/or its agents.
11. The Provider shall maintain an office open and available by telephone during normal business hours and staffed with qualified personnel. Participant and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.
12. The Provider must have an effective written back-up service provision plan in place to ensure that the participant receives the PC I services as authorized. Whenever the Provider determines that services cannot be provided as authorized, the Case Manager/Service Coordinator must be notified by telephone immediately.

Effective July 1, 2007

**MEDICAID
SCOPE OF SERVICES
FOR
PERSONAL CARE II (PC II), HASCI ATTENDANT CARE and
HASCI RESPITE SERVICES**

A. Objectives

The objectives of the PC II/HASCI Attendant and HASCI Respite services are to restore, maintain, and promote the health status of Medicaid home and community-based waiver participants through home support, medical monitoring, escort/transportation services, and assistance with activities of daily living.

B. Conditions of Participation

1. Agencies desiring to be a provider of PC II/HASCI Attendant and HASCI Respite services must have demonstrated experience in providing PC II/HASCI Attendant and HASCI Respite services or a similar service.
2. Agencies of PC II services must agree to participate in all components of the Care Call monitoring and payment system for services under CLTC Waivers.

C. Description of Services to be Provided

1. The Unit of Service is one (1) hour of direct PC II/HASCI Attendant service provided to/for a participant in the participant's place of residence. HASCI respite services may be authorized either hourly or daily. The service authorization written by you will indicate the type of HASCI respite to be provided. PC II/HASCI Attendant and/or HASCI Respite may be provided in other locations when the participant's record documents the need and when prior approved by the CLTC Area Administrator/DDSN Service Coordinator unless otherwise stipulated in Medicaid policy. The amount of time authorized does not include provider transportation time to and from the participant.
2. The Provider shall annually between September 1 – September 30 provide to CLTC a list of regularly scheduled holidays, and the Provider shall not be required to furnish services on those days. The PC II/HASCI Attendant and/or HASCI Respite provider agency must not be closed for more than two (2) consecutive days at a time, except when a holiday falls in conjunction with a weekend. If a holiday falls in conjunction with a weekend, a PC II/HASCI Attendant and/or HASCI Respite provider agency may be closed for not more than four (4) consecutive days.

3. The number of units and services provided to each participant are dependent upon the individual participant's needs as set forth in the participant's Service Plan/Authorization.
4. Under no circumstances will any type of skilled medical service be performed by an Aide except as allowed by the Nurse Practice Act and prior approved by a licensed physician. HASCI Attendant Care and/or HASCI Respite may provide skilled services as authorized by the county DSN Board Service Coordinator and overseen by RN delegation. Services to be provided include:
 - a. Support for activities of daily living, e.g.,
 - eating
 - bathing (bed bath, bench shower, sink bath)
 - personal grooming including dressing
 - personal hygiene
 - provide necessary skin care
 - meal planning and preparation
 - assisting participant's in and out of bed
 - reposition participants as necessary
 - assisting with ambulation
 - toileting and maintaining continence
 - b. Home support, e.g.,
 - cleaning
 - laundry
 - shopping
 - home safety
 - errands
 - c. Monitoring of the participant's condition e.g., the type of monitoring that would be done by a family member such as monitoring temperature, checking pulse rate, observation of respiratory rate, and blood pressure.
 - d. Monitoring medication (for example, informing the participant that it is time to take medication as prescribed by his, or her, physician and as written directions on the box, or bottle, indicate). The aide is not responsible for giving the medicine; however, this does not preclude the aide from handing the medicine container to the participant.
 - e. Escort services when necessary. Transportation may be provided when necessary and included in the participant's Service Plan/Authorization. The provision of transportation is optional and will depend on the provider's policy in this regard.

- f. Strength and balance training.

D. Staffing

The Provider must provide all of the following (some, but not all of which, may be provided through subcontracts):

1. A registered nurse(s) (RN) or licensed practical nurse(s) (LPN) who meets the following requirements:
 - a. Currently licensed by the S.C. State Board of Nursing or by a state that participates in the nursing compact.
 - b. At least one (1) years experience as a registered nurse or licensed practical nurse in public health, hospital or long term care nursing.
 - c. Capable of evaluating the aide in terms of his or her ability to carry out assigned duties and his/her ability to relate to the participant.
 - d. Able to assume responsibility for in-service training for aides by individual instruction, group meetings or workshops.
 - e. LPNs must have had background and/or training on the complex treatment issues regarding the care of the head and spinal cord injured when serving HASCI waiver participants.
2. Aides who meet the following minimum qualifications:
 - a. Able to read, write, and communicate effectively with participant and supervisor.
 - b. Able to use the Care Call IVR system.
 - c. Fully ambulatory.
 - d. Capable of aiding in the activities of daily living.
 - e. Capable of following a care plan with minimal supervision.
 - f. Provide a statement that he/she has never been involved in a substantiated case of abuse or neglect; this statement must be verified by a criminal investigation.
 - g. Have a valid driver's license if transporting participants. The provider must perform an initial inspection of the official highway department driving record of the employed individual if transporting

participants is required. A copy of the driving record must be maintained in the employee's personnel file.

- h. Be at least 18 years of age
- i. Have passed competency testing or successfully completed a competency training and evaluation program performed by an RN or LPN prior to providing services to home and community-based waiver participants. The competency must contain all elements of the PC II services in the Description of Services listed above. The competency should also include appropriate record keeping and ethics and interpersonal relationships. If an LPN performs the competency evaluation, the LPN must be supervised by an RN and report all competency evaluation results to the RN supervisor. The RN, as a confirmation of the delegation of this responsibility, must sign and date the form in addition to the LPN. All signatures must be original, rubber signature stamps are not acceptable.

Proof of the competency evaluation must be recorded in the personnel file within thirty (30) days of the date of the evaluation. The Division of CLTC has developed a form called "Competency Evaluation Documentation" which may be used to document the competency evaluation. An initial copy of the CLTC form may be procured by contacting the CLTC Central Office. If the CLTC form is not used to document the competency evaluation, then a form containing at a minimum the information requested on the CLTC form must be used.

- j. Have a minimum of ten (10) hours relevant in-service training per calendar year (The annual ten-hour requirement will be on a pro-rated basis during the aide's first year of employment). Documentation shall include topic, name and title of trainer, training objectives, outline of content, length of training, list of trainees, location, and outcome of training. Topics for specific in-service training may be mandated by CLTC. In-service training may be furnished by the Nurse supervisor while the aide is furnishing care to the participant. Additional training may be provided as deemed necessary by the Provider. Any self study training programs must be approved for content and credit hours by CLTC prior to being offered and may not exceed six of the ten in-service annual training hours. The Provider shall submit proposed program(s) to the CLTC Central Office at least forty-five (45) days prior to the planned implementation.
- k. When providing attendant services for HASCI waiver participants, aides must complete a training program in the following areas, as appropriate, depending on the needs of the participant.

- Confidentiality, accountability and prevention of abuse and neglect.
 - Fire safety/disaster preparedness related to the specific location of services.
 - First aid for emergencies, monitoring medications, and basic recognition of medical problems.
 - Documentation and record keeping.
 - Ethics and interpersonal relationships.
 - Orientation to traumatic brain injury, spinal cord injury and similar disability.
 - Training in lifting and transfers
3. Agency staff may be related to participants served by the agency within limits allowed by the South Carolina Family Caregiver Policy. Copies of this policy are available upon request.
4. PPD Tuberculin Test

No more than ninety (90) days prior to employment, all staff having direct participant contact shall have a PPD tuberculin skin test, unless a previously positive reaction can be documented. The two-step procedure is advisable for initial testing in those who are new employees in order to establish a reliable baseline. [If the reaction to the first test is classified as negative, a second test should be given one to three weeks after the first test. If the second test is classified as negative, the person is considered as being uninfected. A positive reaction to a third test (with an increase of more than 10mm) in such a person within the next few years, is likely to represent the occurrence of infection with M. Tuberculosis in the interval. If the reaction to the second of the initial two tests is positive, this probably represents a boosted reaction, and the person should be considered as being infected.]

In lieu of a PPD tuberculin test no more than 90 days prior to employment, a new employee may provide certification of a negative tuberculin skin test within the 12 months preceding the date of employment and certification from a licensed physician or local health department TB staff that s/he is free of the disease.

Employees with reactions of 10mm and over to the pre-employment tuberculin test, those with newly converted skin tests, and those with symptoms suggestive of tuberculosis (e.g., cough, weight loss, night sweats, fever, etc.) regardless of skin test status, shall be given a chest radiograph to determine whether tuberculosis disease is present. If tuberculosis is diagnosed, appropriate treatment must be given, and the person must not be allowed to work until declared non-contagious by a licensed physician.

Routine chest radiographs are not required on employees who are asymptomatic with negative tuberculin skin tests.

Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

New employees who have a history of tuberculosis disease and have had adequate treatment shall be required to have certification by a licensed physician or local health department TB staff (prior to employment and annually) that they are not contagious. Regular employees who are known or suspected to have tuberculosis shall be required to be evaluated by a licensed physician or local health department TB staff, and must not return to work until they have been declared non-contagious.

Preventive treatment should be considered for all infected employees having direct participant contact who are skin test positive but show no symptoms of tuberculosis. Routine annual chest radiographs are not a substitute for preventive treatment. Employees who complete treatment, either for disease or infection, are exempt from further routine radiographic screening, unless they develop symptoms of tuberculosis. Employees who do not complete adequate preventive therapy should have an annual assessment for symptoms of tuberculosis.

Post exposure skin tests should be provided for tuberculin negative employees within twelve (12) weeks after termination of contact to a documented case of infection.

Providers needing additional information should contact the Tuberculosis Control Division, Department of Health and Environmental Control, 1751 Calhoun Street, Columbia, S.C. 29201 (phone (803) 898-0685).

5. An ongoing infection control program must be in effect.
6. Personnel folders: Individual records will be maintained to document that each member of the staff has met the above requirements.
7. A criminal background check will be required for all potential employees who will provide direct care to CLTC/DDSN/HASCI participants. At a minimum, the criminal background check must include statewide data. Potential employees with felony convictions within the last ten (10) years cannot provide services to CLTC/DDSN/HASCI participants. Potential employees with non-violent felonies dating back ten (10) or more years can provide services to CLTC/DDSN/HASCI participants under the following circumstances:
 - Participant/responsible party must be notified of the aide's criminal

- background
- Documentation in the participant record signed by the participant/responsible party acknowledging awareness of the aide's criminal background and agreement to have the aide provide care. Hiring of employees with misdemeanor convictions will be at the discretion of the provider. Employees hired prior to July 1, 2006 will not be required to have a criminal background check.

F. Conduct of Service

The provider must maintain documentation showing that it has complied with the requirements of this section.

1. The Case Manager/Service Coordinator will authorize PC II/HASCI Attendant and/or HASCI Respite services by designating the amount, frequency and duration of service for participants in accordance with the participant's Service Plan/Authorization which will have been developed in consultation with the participant and others involved in the participant's care. The Case Manager must update the Service Plan yearly and send to the provider. Case Managers/Service Coordinators will send new authorizations only when there is a change to the authorized service amount, frequency or duration. The Provider must adhere to those duties which are specified in the CLTC Service Plan/DDSN/HASCI Authorization in developing the Provider task list. This provider task list must be developed by an RN or LPN. If the Provider identifies PC II/HASCI Attendant and/or HASCI Respite service duties that would be beneficial to the participant's care but are not specified in the CLTC Service Plan/DDSN/HASCI Authorization, the Provider must contact the Case Manager/Service Coordinator to discuss the possibility of having these duties included in the CLTC Service Plan/DDSN/HASCI Authorization. For CLTC participants, no skilled services may be performed by an aide except as allowed by the Nurse Practice Act and prior approved by a licensed physician. For HASCI participants, skilled services may be performed if authorized by the Service Coordinator and overseen by RN delegation. The decision to modify the duties to be performed by the aide is the responsibility of the Case Manager/Service Coordinator, and the CLTC Service Plan/DDSN/HASCI Authorization must be amended accordingly. This documentation will be maintained in the participant folders.
2. The Case Manager/Service Coordinator will review a participant's CLTC Service Plan/DDSN/HASCI Authorization within two (2) working days of receipt of the Provider's request to modify the services.
3. The Case Manager/Service Coordinator will notify the Provider immediately if services to a participant are to be terminated. However, the

Provider should refer to the language in the Community Long Term Care Services Provider Manual on page 1-6 regarding the provider's responsibility in checking the participant's Medicaid eligibility status.

4. As part of the conduct of service, PC II/HASCI Attendant and/or HASCI Respite services must be provided under the supervision of an RN or LPN who meets the requirements as stated in the scope and will:
 - a. After the RN or medical doctor has participated in the initial assessment, the provider's RN or LPN visits the participant's home, prior to the start of PC II/HASCI Attendant and/or HASCI Respite services, for the purpose of reviewing the CLTC plan of care, DDSN/HASCI authorization, developing a task list for the aide (this task list must be developed prior to the provision of PC II/HASCI Attendant and/or HASCI Respite services), giving the participant written information regarding advanced directives and to inform participants of their right to complain about the quality of PC II/HASCI Attendant and/or HASCI Respite services provided. The supervisor will give participants information about how to register a complaint. Complaints against aides will be assessed for appropriateness and investigated by the Provider. All complaints which are to be investigated will be referred to the Supervisor who will take any appropriate action.
 - b. Be immediately accessible by phone and/or beeper during any hours services are being provided under this contract. If the nurse supervisor position becomes vacant, SCDHHS must be notified no later than the next business day.
 - c. Provides and documents supervision of, training for, and evaluation of aides.
 - d. Make a supervisory visit to the participant's place of residence within thirty (30) days after the PC II/HASCI Attendant service is initiated. After the thirty (30) day Supervisory visit, make a Supervisory visit to the participant's place of residence at least once every four months for each participant. Four (4) month supervisory visits must be conducted by the end of the fourth month. The aide must be present during at least one of the Supervisory visits during each 12 month period. For the HASCI Attendant Care service, all Supervisory visits scheduled will be negotiated with the DSN Board Service Coordinator and documented in the participant record. For CLTC participants, supervisory visits, including the initial visit, must be documented in the participant record and recorded in Care Call from the participant's home at the time of the visit. In the event the participant is inaccessible during the time the supervisory visit

would have normally been made, the visit must be completed within five (5) working days of the resumption of PC II/HASCI Attendant services. The Supervisor's report of the on-site visits will include, at a minimum:

1. Documentation that services are being delivered consistent with the Service Plan/Authorization;
 2. Documentation that the participant's needs are being met;
 3. Reference to any complaints which the participant or family member/responsible party has lodged; and,
 4. A brief statement regarding any changes in the participant's service needs.
 5. Supervisor's original signature and date. Rubber signature stamps are not acceptable
- e. Documentation of all supervisory visits must be filed in participant's record within thirty (30) days of the date of visit.
- f. Supervisory visits should be conducted as necessary if indicated by substandard performance of the aide.
- g. Assist aides as necessary as they provide individual personal care services as outlined by the Service Plan/Authorization. Any supervision given must be documented in the individual participant's record.
5. In addition, the Provider must maintain an individual participant record which documents the following items:
- a. The Provider will initiate PC II/HASCI Attendant and/or HASCI respite services on the date negotiated with the Case Manager/Service Coordinator and indicated on the Medicaid authorization. Services must not be provided prior to the authorized start date and must be provided according to the schedule as indicated on the Service Provision Form/Authorization.
 - b. The Provider will notify the Case Manager/Service Coordinator within two (2) working days of the following participant changes:
 - ~~Participant's condition has changed and the Service Plan/Authorization no longer meets participant's needs or the participant no longer appears to need PC II/HASCI Attendant and/or HASCI respite services.~~

- Participant is institutionalized, dies or moves out of the service area.
 - Participant no longer wishes to receive PC II/HASCI Attendant and/or HASCI respite services.
 - Knowledge of the participant's Medicaid ineligibility or potential ineligibility.
- c. The Provider will maintain a record keeping system which documents:
1. For CLTC participants: The delivery of services in accordance with the CLTC Service Plan. The provider shall not ask the participant/RP to sign any log or task sheet. The task sheet must be reviewed signed, with original signature (rubber signature stamps are not acceptable), and dated every two weeks by the supervisor. Task sheets must be filed in the participants record within 30 days of service delivery.
 2. Task sheets/Daily logs can include multiple services on the same sheet as long as the services can be easily identified and task performances distinguished. For example if a participant receives PCII and Companion services, both can be documented on the same sheet.
 3. For DDSN MR/RD and HASCI participants: The delivery of services and units provided in accordance with the service authorization. The provider will maintain daily logs reflecting the PCII/HASCI Attendant and/or HASCI respite services provided by the aides for the participants and the actual amount of time expended for the service. The daily logs must be initialed daily by the participant or family member and the aide, and must be signed weekly by the participant or family and signed with original signature (rubber signature stamps are not acceptable), and dated by the Supervisor at least once every two weeks. Daily logs must be filed in the participants record within 30 days of service delivery.
- d. The Provider must complete the initial thirty (30) day and subsequent supervisory visits which include at a minimum assurance that the services are being delivered consistent with the service plan in an appropriate manner, assurance that the participant's needs are being met, and a brief statement regarding the participant's condition. The summary review must be

maintained in the participant record. In the event the participant is inaccessible during the time the visit would have normally been made, the review must be completed within five (5) working days of the resumption of PC II/HASCI Attendant services.

- e. For CLTC participants only: For all instances in which a participant did not receive an authorized daily service, providers must indicate on the Care Call Web site the reason why the service was not delivered. The provider must do this both when the provider was unable to complete the visit and when the participant was not available to receive the visit. For each week in which there are missed visits, the provider must indicate the reason on the web site by the close of business the following week. A missed visit report is not required for DDSN/HASCI participants.
- g. Whenever two consecutive attempted visits occur, the local CLTC/DDSN office must be notified. An attempted visit is when the aide arrives at the home and is unable to provide the assigned tasks because the participant is not at home or refuses services.

F. Administrative Requirements

1. The Provider agency shall designate an individual to serve as the agency administrator who shall employ qualified personnel and ensure adequate staff education, in-service training and employee evaluations. This does not have to be a full time position; however, the designated administrator must have the authority and responsibility for the direction of the Provider agency. The Provider agency shall notify SCDHHS within three (3) working days in the event of a change in the agency Administrator, address, phone number or an extended absence of the agency administrator.
2. The organization, administrative control and lines of authority for the delegation of responsibility down to the hands-on participant care level staff shall be set forth in writing. This shall be readily accessible to all staff and shall include an organizational chart that includes names. A copy of this shall be forwarded to SCDHHS at the time the contract is implemented. Any future revisions or modifications shall be distributed to all staff of the Provider agency and to SCDHHS.
3. The Provider agency must have written bylaws or equivalent which are defined as "a set of rules adopted by the Provider agency for governing the agency's operations." Such bylaws or equivalent shall be made readily available to staff of the Provider agency and shall be provided to SCDHHS upon request.

4. Administrative and supervisory functions shall not be delegated to another agency or organization.
5. A governing body or designated persons so functioning shall assume full legal authority for the operation of the Provider agency. A listing of the members of the governing body shall be made available to SCDHHS upon request.
6. An annual operating budget, including all anticipated revenue and expenses related to items which would under generally accepted accounting principles be considered revenue and expense items, must be submitted to SCDHHS prior to the signing of the initial contract with SCDHHS. The Provider agency must maintain an annual operating budget which shall be made available to SCDHHS upon request.
7. The Provider agency shall acquire and maintain during the life of the contract liability insurance and worker's compensation insurance to protect all paid and volunteer staff, including board members, from liability and/or injury incurred while acting on behalf of the agency. The Provider agency shall annually between September 1 – September 30 furnish a copy of the current insurance policies to SCDHHS.
8. The Provider will develop and maintain a State approved Policy and Procedure Manual which describes how activities will be performed in accordance with the terms of the contract and which includes the agency's emergency plan. (This emergency plan is specific to weather, fire, floods, etc.) The policy and procedure manual shall be available during office hours for the guidance of the governing body, personnel, and to the DHHS upon request.
9. The Provider shall conform to applicable federal, state, and local health and safety rules and regulations, and have an on-going program to prevent the spread of infectious diseases among its employees.
10. The provider agency shall ensure that key agency staff, including the agency administrator or the Nurse Supervisor, be accessible in person, by phone, or by beeper during compliance review audits conducted by SCDHHS and/or its agents.
11. The provider agency shall maintain an office which is open and available by telephone during normal business hours and staffed with qualified personnel. Participant and personnel records must be maintained at the address indicated in the contract and must be made available, upon request, for review by SCDHHS.
12. The Provider must have an effective written back-up service provision plan in place to ensure that the participant receives the PC II/HASCI Attendant

services as authorized. Whenever the Provider determines that services cannot be provided as authorized, the Case Manager/Service Coordinator must be notified by telephone immediately.

Effective July 1, 2007

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